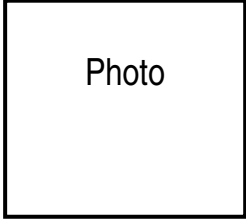




Glenfield Intermediate School

ENROLMENT FORM 2010

INTERNATIONAL STUDENT



STUDENT DETAILS

| | | | |
|--|--|--|---------------------------------|
| Family name | First name/s (<u>underline preferred name</u>) | Date of birth | |
| Address where child is living | Home phone Number | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Suburb | Mobile phone Number | Student enrolling for which year? Year 7 <input type="checkbox"/> Year 8 <input type="checkbox"/> | |
| Student lives with: Both parents <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Homestay <input type="checkbox"/> Agent <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> <i>please describe relationship</i> | | Date starting at GIS | |

FIRST EMERGENCY CONTACTS *eg. Homestay / Guardian or Parent (if living in NZ)*

| | |
|---|---|
| <p>1</p> <p>Name in full _____ Relationship to child _____</p> <p>Mobile phone number _____ Work phone number _____</p> <p>Occupation _____ Place of work _____</p> | <p>2</p> <p>Name in full _____ Relationship to child _____</p> <p>Mobile phone number _____ Work phone number _____</p> <p>Occupation _____ Place of work _____</p> |
|---|---|

PARENTS' ADDRESS (OVERSEAS)

| | |
|---|--|
| <p>1</p> <p>Name in full _____ Relationship to child _____</p> <p>Address _____</p> <p>e-mail address _____</p> | <p>2</p> <p>Name in full _____ Relationship to child _____</p> <p>Address _____ Daytime contact number _____</p> <p>e-mail address _____</p> |
|---|--|

MEDICAL INFORMATION *Note medical conditions or concerns here*

| | |
|---|--|
| <p>Do you consent to your child being given Panadol if required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>All relevant medical records produced. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>New Zealand Medical Policy sighted (copy attached) YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Medical Doc. signed YES <input type="checkbox"/> NO <input type="checkbox"/></p> | <p>Passport Sighted? YES NO</p> <p>Student Permit Sighted? YES NO</p> <p>Passport No. _____</p> <p>Expiry Date: ____/____/____</p> |
|---|--|

| | |
|--|---|
| <h4>ETHNICITY</h4> <p>Country of birth _____</p> <p>First language spoken if not English _____</p> | <h4>STUDENTS NEW TO NEW ZEALAND</h4> <p>Date of entry to New Zealand ____/____/____</p> <p>Length of stay at Glenfield Intermediate School _____</p> <p>From: ____/____/____ To: ____/____/____</p> |
|--|---|

Please complete Section 2 over page ...

OFFICE USE ONLY

| | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|----------------------------------|--------------------------------------|---|---|---|---|---|---|---|------------------|--|--|--|--|--|---|--------------------------------------|
| <input type="checkbox"/> Register | <input type="checkbox"/> Teacher | <input type="checkbox"/> ICT | <input type="checkbox"/> Split Class | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">A</td> <td style="width: 20px;">B</td> <td style="width: 20px;">C</td> <td style="width: 20px;">D</td> <td style="width: 20px;">E</td> <td style="width: 20px;">F</td> </tr> <tr> <td colspan="6" style="text-align: center; font-size: 8px;">Technology Group</td> </tr> </table> | A | B | C | D | E | F | Technology Group | | | | | | <input type="checkbox"/> Enrolment Number | <input type="checkbox"/> Room Number |
| A | B | C | D | E | F | | | | | | | | | | | | | |
| Technology Group | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> PF5 | <input type="checkbox"/> Team Leader | <input type="checkbox"/> Library | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Records Requested | <input type="checkbox"/> DP | <input type="checkbox"/> Cashier | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ESOL | <input type="checkbox"/> Dental Nurse | | | | | | | | | | | | | | | | | |



ENROLMENT FORM 2010

INTERNATIONAL STUDENT

What are your expectations of Glenfield Intermediate School?

- Main purpose is to learn English
- New Zealand – Kiwi Experience
- Other (specify)

What is your relationship to this student? (to be completed by person filling out this form) _____

PARENT/CAREGIVER UNDERTAKING

1. I will support the school to ensure that my child will (a) be punctual; (b) wear correct uniform (clearly names); (c) obey school rules
2. Where my child damages school property I will make some form of restitution.
3. I agree to pay the International Student Fee and MOE Levy.
4. I give permission for the personal and educational data collected relating to my child to be stored and used as defined in the Privacy Act 1993 and disclosed the next school my child attends.
5. I will advise the school office of any **change of address** of **contact telephone** numbers. I will also advise the school office in the event of any custody changes that may affect my child.

Parent/Caregivers signature _____

Date: _____

Parent Name: (please print) _____

Enrolment Procedure Checklist

Office Use Only

- Payment receipt copy
- Enrolment Contract
- ESOL form
- Schedule of fees
- Refund policy
- Insurance
- Health Information
- Parents notified

- Passport copy
- Homestay Authorisation
- Police vet form
- Homestay visit
- Indemnity form
- Legal Guardian form
- Internet form
- Offer of place
- Immigration notified